

## City of Hampton

## **ADMINISTRATIVE VARIANCE APPLICATION**

Pursuant to Appendix A: Zoning, Article 12. Section 12-4

City Hall 17 East Main Street South PO Box 400 Hampton, GA 30228

Phone: 770.946.4306 Fax: 770.946.4356 www.hamptonga.gov MAYOR

ANN N. TARPLEY

MAYOR PRO-TEM MARTY MEEKS

CITY COUNCIL
SHEILA BARLOW
HENRY BYRD
DEVLIN CLEVELAND
MARY ANN MITCHAM
WILLIE TURNER

CITY MANAGER ALEX S. COHILAS

Name of Applicant: Applicant's Address:			Phone:		Date:		
				Fax:		Cell #:	
City:		State:	Zip:		Email:		
Name o	of Agent:			Fax:		Cell:	
City:		State:	Zip:		Email:		
The Apparent	•	bove affirms the	y are the owner	or agent of	the owner of	the property described below	
1.							
2.							
3.	•						
4.							
5.							
6.						<del></del>	
7.	*Other requirements within this City Zoning Ordinance specifically stating that an administrative variance						
	is allowed.						
	-	•	-	•		project highlighting the need for	
		other necessary	information. Add	<u>ditional infor</u>	mation may be	e required by the Zoning	
<u>Adminis</u>	<u>strator</u>						
Addres	s of property:						
		5.20 5det.			,		
Dranari	v Tax Parcel Nur	mber:	_	_		if known	

Please provide a written letter outlining the reason for the Administrative Variance request (specify the code requirements the variance is related to and explain how its enforcement will result in unnecessary hardship or practical difficulty):

Page 2 Administrative Variance Application

Owner's Signature	Agent's signature
Print Name of Owner	Print Name of Agent
Application status:	
APPROVED:	
DENIED:	
Signature:	
Print name of Zoning Administrator or o	designee: